

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 07/25/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 07/29/2004						
		FINANCIAL PAYER: NCDMH						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN	8517	338	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
	H/DD/SAS							
		8931	329	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	401	895	5880	4985
		8599	96	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN	8517	55	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
	DS LME							
		21	15	DUPLICATE OF CLAIM-SYSTEM	2	84	224	140
		8599	8	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404905	TREND COMM MENT	8525	139	CLAIM DENIED, REFERRING PROVIDER MUST BE AN LMA.				
	AL HLTH CTR							
		8326	27	ATTENDING PROVIDER NUMBER IS REQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A	0	166	166	0
3404910	PATHWAYS	8505	4	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8517	1	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	1	6	37	31
		8931	1	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404912	CATAWBA COUNTYM	11	7	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ENTAL HEALT							
		8931	2	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	2	9	13	4
3404913	MECKLENBURG COM	21	2021	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		8933	1076	ADTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	1744	5980	9528	3548
		8517	944	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404916	CROSSROADS BEHA	8599	1029	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	VICORAL HEAL							
		8517	62	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	4	1251	3992	2741
		10	59	DIAGNOSIS OR SERVICE INVALID FOR OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404917	CENTERPOINT HUM	11	388	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	AN SERVICES							
		8599	30	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	418	1528	1110

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404918	ROCKINGHAM CO M ENTAL HEALT	8329	457	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		8517	4	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	0	462	462	0
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404919	GUILFORD CO MEN TAL HEALTHC	11	4	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	4	8	4
3404920	ALAMANCE CASWEL L AREA MH D	8517	956	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	60	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	1039	1345	306
		191	11	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404921	ORANGE PERSON C HATHAM AREA	5312	2022	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8599	140	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	32	2337	4925	2588
		21	57	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	8517	925	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		191	20	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	959	959	0
		143	12	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404923	VGFW AREA AUTHO RITY	11	9	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8517	1	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	0	10	15	5
3404925	SANDHILLS CENTE R FOR MH/DD	21	3915	DUPLICATE OF CLAIM-SYSTEM				
		8517	2557	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	283	10462	17065	6603
		8599	2004	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	21	1959	DUPLICATE OF CLAIM-SYSTEM				
		8599	701	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	821	4816	13551	8735
		8526	423	CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	8599	194	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	176	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	5	449	5010	4561
		8622	35	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404929	LEE HARNETT MH/ DD/SAS	11	48	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	5	DUPLICATE OF CLAIM-SYSTEM	0	53	152	99
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	151	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	46	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	202	289	3749	3460
		8622	23	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404931	WAKE CO HUM SVC BILLING OF	8517	999	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		11	480	CLIENT NOT ELIGIBLE ON SERVICE DATE	53	2067	12505	10438
		21	138	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	43	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	28	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	18	149	1270	1121
		8000	23	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404934	ONslow COUNTY B EHAVIORAL H	23	203	SERVICE REQUIRES PRIOR APPROVA L				
		8517	8	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	0	217	219	0
		8511	5	CLAIM DENIED, NO BUDGET CRITER IA FOUND				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8517	52	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8000	31	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	21	145	1809	1664
		11	18	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404937	EDGEcombe NASH MNTL HLTH C	8517	3116	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	2492	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	23	5738	9752	4014
		10	39	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404938	VGFW DBA RIVERS TONE COUNSE	8329	3	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		11	1	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	5	12	7
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	NEUSE MENTAL HE ALTH CENTER	8517	151	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	184	604	420
		120	5	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404941	PITT CO MH/DD/S AS CENTER	8517	348	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		24	60	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	3	541	2225	1684
		8329	32	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	13	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	8	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	33	825	792
		8517	5	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404943	ALBEMARLE MENTA L HEALTH CE	8329	446	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		8599	106	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	14	626	1337	711
		537	20	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404944	EASTPOINTE HUMA N SERVICES	8517	76	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	16	118	1667	1549
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404946	FOOTHILLS AREAM	11	77	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		0	0		0	77	77	0
3404957	TIDELAND MENTAL	8599	53	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	30	AMTNC INELIGIBLE TO RECEIVE SE	38	95	1763	1668
				RVICES IN IPRS.				
		8935	6	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT							
		0	0		0	0	0	0
3404979	NEW RIVER AREAM	10	21	DIAGNOSIS OR SERVICE INVALID F				
	H/DD/SA PRO			OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		8517	18	CLAIMS DENIED, SUBMITTED BEYON	0	64	1548	1484
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8000	12	NO RATE AVAILABLE ON FILE TO F				
				RICE THIS CLAIM DETAIL				